Cleansing Neurotoxin Overload
by Victoria Bowmann, PhD

Detoxification can be an important method to support the body during times of crisis. As with many autoimmune cases, there are many factors to consider. One of the toxins actually targets, impair and even damage the liver and the detoxification organs. This can further impair and block the route for normal excretion, causing an accumulation of toxins. This results in intracellular damage and further progression of disease.

In Lyme disease, the bacteria is a “smart” bug which wants to maintain its life within the person. It actually hides itself from the immune system. The Lyme bacteria is neurotoxic and, in order to survive,Clouse the lymphatic system and causes the blood to thicken. This leads to poor blood flow. The blood flow and the stickiness to the intestinal walls leads to the fluid that bathes and nourishes the tissues cells. It also picks up microorganisms, for- eign particles, enzymes, pro- teins, and hormones for processing through the lymphatic system. In addition to the lymphatic system, Lyme prefer to travel through the colon more than the blood. Lyme disease is a systemic infection and it can invade and damage any and all organs, glands, and systems of the body. Lyme patients are also challenged by many other co-infections that are often overlooked.

Because of its ability to hide from the immune system, Lyme makes itself difficult to diagnose through testing and thereby difficult to design an effective treatment protocol. Often it can mask itself as a different disease such as Chronic Fatigue Syndrome, Fibromyalgia, Multiple Sclerosis, Parkinson’s, Obsessive Compulsive Disorder (OCD), or Amyotrophic Lateral Sclerosis (Lou Gehrig disease). It is important for the physician to ascertain if Lyme is at a causal level in these diseases. Assuming the patient is being treated with an appropriate pro- tocol, effective detoxification plays an extremely important role in eliminating the neuro- toxins from the body.

When the Lyme is being killed, it produces its own neurotoxin in defense. This subsequently clogs the blood, lymph, liver and colon which slows down the detoxifi- cation pathways. And as long as the patient is in treatment for Lyme, detoxification needs to be ongoing. When the body is overburdened with a toxic load, the patient might experience a Herxheimer (Herx) reaction. One of my patients explained her Herx reactions like a bad hangover. She had extreme fatigue, headaches, nausea, flu-like symptoms, and a tingling that would not go away. She also noticed that her usual symptoms were made much worse. It is during these episodes, the detoxification process becomes even more important.

Since there are numerous methods for detoxification, one must select those which offer the most support. The two primary pathways of detoxification are: 1) the colon which removes solid wastes and 2) the kidneys and bladder. This pathway is one of the most important to cleanse toxins from the bloodstream and the skin acts as an excretion pathway by pumping with pimples, pus- tules, abscesses or oozing sores in the attempt to remove toxins from the body.

Colon Functions
The functions of the colon (also called the large intestine or large bowel) are numerous. These functions work very well when the intestinal bacteria is of beneficial varieties and in sufficient quantity. When the colon actually manufactures certain nutrients for us, including B 12 and Vitamin K. It absorbs nutrients which might have been missed in the small intestines which helps to keep us nutrient dense. Third, when the hands is the blood and bile is reused in digestion of fats. Finally, the colon decomposes chyme (dige...
This 46 year old woman had virtually no vein troubles until she went camping in North Carolina. Then over the next 6 years she became sicker and sicker and was found to have a huge VEGF (in a mold-free home) and was found to have Babesia, Bartonella and Lyme. These did not improve in any manner with over a dozen commonly used Tick-borne disease treatments. It was only newer treatments for Bartonella that helped these decrease. She has no Lyme or other tick-borne infections, but then turned white repeatedly with the use of new Bartonella treatments. But then reversed to this original color because no treatment works in weeks to cure Bartonella.

This middle aged man with Bartonella has many papules on his body. Here is a dark one in the center of his chest. The papule can be mistaken for a skin tag or a mole, but it is a slight increase in skin color and is usually missed. Bartonella makes Vascular Endothelial Growth Factor (VEGF) which makes and opens capillaries and causes unusual vascular images. The ink circles are sitting on top of red circles. (Chicken wire pattern.)

This marine has never been heavy. He has no vascular disorders. His back developed pimples and side to side blood vessels after training in a wooded area when he caught a cold. At the same time he had a very raw sore throat. His DHEA and DHT are high. His back developed pimples and side to side blood vessels after training in a wooded area when he caught a cold. At the same time he had a very raw sore throat. His DHEA and DHT are high.

A city-dwelling older man had a past history of flax brought into his home by his cats. He was Lyme negative from three labs and had a good CD57 count, which was 187. His skin discolorations with different levels of pigmentation, we suggest, may be associated with various levels of VEGF, possibly MSH and Bartonella bacteria just under the surface of the skin inside vascular walls.

Bartonella has many papules on his neck. She was positive for Bartonella and feels her new types of treatment are starting to help this leather-like one-sided skin problem.

This woman has Bartonella, Lyme and Babesia. The Babesia was quickly treated with new speed killing agents. She had varicose looking veins all over her body and Bartonella papules in her inner thighs. We suspect her varicose veins could be increased by Bartonella; especially since after a tick bite they became worse over three years. During that time she also received two steroid shots. Please note that the skin surface area over the steroid injection site showed marked nodules with scaling and skin thickening and are very vascular. We suggest that the steroid was released on entrance and exit of the needle, having a high concentration in this one-inch location and it further weakening the immune system and Bartonella, perhaps together with Lyme, made these two eccentric skin findings.

This man has Bartonella with burgundy lines shown in thin black flair. These lines turned white with Bartonella treatment.

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This is a purple-burgundy thinned skin area in a patient with Bartonella in the inner thigh area. It turned white repeatedly with the use of new Bartonella treatments. But then reversed to this original color because no treatment works in weeks to cure Bartonella.

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In the News

Dr. James Schaller’s Sample of Bartonella Photos

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Part 1

by Kathleen Liporace

Phil Wood was an active, energetic South Carolina citizen who had nary a doctor before contracting Lyme disease while on the job as a timber buyer for Canal Wood in Greenwood, SC. His employment duties included cruising tracts of land on foot and assessing the value of timber for potential purchasing by his employer. As a Timber Buyer, Wood faced a largely unknown risk of being bitten by a Lyme-carrying tick, because such a danger is generally unrecognized in South Carolina.

After being diagnosed with advanced or chronic Lyme disease, an assistant was assigned to Phil and he was given the opportunity by his employer to work a modified schedule, based on his limiting physical condition. Specifically, Wood was reassigned to telephone business communications with customers whom he had served for years. Wood also went into the office weekly to make sure that accounting was done and loggers were paid.

December of 2004. Since Mr. Wood acquired Lyme disease on the job, his health insurer delegated the responsibility for health-related expenses to his Workers’ Compensation plan. As a result, Wood was abandoned by his health insurer and left to deal with both illness and Liberty Mutual, the Workers’ Compensation carrier. Because of this course of action and ultimate cessation in reimbursement, Phil and his wife Kim were forced to pay for both doctor visits and medicine out-of-pocket. It was their hope that it would be a tolerably short period of time. However, that hope turned into an acri- monious and protracted legal battle.

Despite being a diligent employee with a medical disability, Phil’s job was terminated. It was noted that his office was ruled to be closed and that Wood were to be part of a down-sizing, yet others have been hired subsequently to Phil being laid off. Additionally, the office remains open thus far.

Prior to his job being unexpect- edly terminated in April of 2007, the church that Phil and his wife attended for plane tickets for Kim to accompany Phil to see another Lyme literate physician, Dr. Steven Phillips in Ridgefield, Connecticut. Given this devas- tating and simultaneous dual impact of a debilitating illness and job loss, Phil’s workplace entered into the $600.00 doctor bill. These out-of-pocket costs to this day have not been reimbursed by Liberty Mutual. Dr. Phillips concurred that Phil indeed had contracted Lyme disease and that his symptoms were and are consis- tent with this disease. He fur- ther wrote a letter to sustain the diagnosis of Lyme to support Mr. Wood in his legal proceed- ings. Before seeing Dr. Phillips, Mr. Wood had received the same con- sensus opinion on his diagnosis first from his primary care doc- tor and subsequently by a Lyme Literate Infectious Disease doc- tor in North Carolina.

As is tragically typical for advanced cases of Lyme Borreliosis, Phil has suffered with multiple unrelenting phys- ical issues. A list of these problems includes: body swelling, mental confusion, tingling and numbness of the hands and feet, migraines, dizziness, muscle pain, joint pain, chest pain, tingling of the ears, optic nerve pain, nau- sea, and course unre- lenting fatigue. As a result of this protracted legal battle,

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He has been hospitalized by severe reactions to medicine. One such example is that he broke out with an excruciatingly hypertrophic rash from head to toe. This necessitated his receive maximum doses of Benadryl for approximately five days while being vigilantly monitored in the hospital. It took two full weeks for that rash to fully dissipate. It is abundantly clear that Mr. Wood has suffered greatly due to his Lyme disease. His inability to work, unceasing suffering, shared by his wife Kim, has been compounded by the torturous legal issues and attendant delays in gaining income for daily living caused by the obstructionist behavior of his disability carrier.

As part of this night- mare, termination by his employer has caused Phil and Kim Wood to sell many of their possessions in order to avoid bankruptcy. Additionally, in view of the fact that his disability insurer stopped paying his medical claims, Phil’s credit has suffered significantly. He also had to spend thousands of dollars of their own income for daily living caused by the obstructionist behavior of his disability carrier.

Unfortunately, this sce- nario of bad faith, job loss, incapacitation and near, if not total, bankruptcy plays itself out in the lives of many chronic Lyme patients. This is the shocking, but typical experi- ence of many who suffer from various forms of persistent illness.

Lyme's Cruel Cousin: the OTHER Tick-borne Infection

Lyme disease is often found with Lyme disease, and—like all Tick infections—is readily acquired. Our story dreams up an infected tick to support you in your quest for understanding this disease. The deer tick which carries Lyme and Babesia may be as small as a puppy seed and inject a palatable, non-envenomating and non-intoxicating to avoid destruction. Various forms of Babesia are found in about 100 species of ticks. They make us ill by spreading bloodborne disease to many other species that harbor Babesia and are not necessarily bitten by natural physicians.

Dr. Schaller first became interested in Babesia after one of his children was infected with it, and none of the other pediatricians or child specialists could help. No one tested for Babesia or considered it a possible diagnosis. His child had two of these Babesia symptoms which would come and go.

Babesia is a protozoan that lives in red blood cells. It causes anemia, fever and malaise. It is transmitted by the bite of certain black legged ticks. These ticks are found in the northeastern United States, the Great Lakes area and the mid-Atlantic area. Babesia is spread by other ticks, including those that carry Lyme disease. Babesia can cause a flu-like illness, which can be confused with the flu. It can also cause intermittent fever and anemia. Babesia is diagnosed by a blood test.

Dr. Schaller offers services to individual through the United States. Many fly into Florida for a consultation with him to help determine the cause of their mystery illness.

This book is the most current treatment book on Babesia in the English language. It is not a mere reference book. It introduces new and community-wide aspects of Babesia which are obvious by infectious disease doctors, pediatricians, infectious disease physicians and infectious disease specialists. You may see symptoms of blood borne causes which you have encountered by smart physicians. This review of Babesia includes the latest understanding of Babesia, causes, symptoms and treatment. Babesia is a protozoan that lives in red blood cells. It causes anemia, fever and malaise. It is transmitted by the bite of certain black legged ticks. These ticks are found in the northeastern United States, the Great Lakes area and the mid-Atlantic area. Babesia is spread by other ticks, including those that carry Lyme disease. Babesia can cause a flu-like illness, which can be confused with the flu. It can also cause intermittent fever and anemia. Babesia is diagnosed by a blood test.

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